Entered - 08-21-01 - sb **CL 01L0526** - GWENDOLYN BURNS

CLAIM OF:

AMICA MUTUAL INSURANCE COMPANY

as subrogee of Jacquelyn Richards

3700 Crestwood Parkway, NW

Suite 300

Duluth, Georgia 30096-8234

01- R-1425

For vehicular damages alleged to have been sustained as a result of an automobile accident on July 31, 2001 at 955 South River Industrial Boulevard.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to AMICA MUTUAL INSURANCE COMPANY as subrogee of Jacquelyn Richards the sum of \$1,700.49 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of an automobile accident on July 31, 2001 at 955 South River Industrial Boulevard as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

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APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY

ROSALIND RUBENS NEWELL DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>01L0526</u>	Date: <u>August 24, 2001</u>
Claimant / Victim JACQUELYN RICHARDS	
BY: (Atty) (Ins. Co.) AMICA MUTUAL INSURANCE	COMPANY
Address: 3700 Crestwood Parkway, NW, Suite 30	0, Duluth, Georgia 30096-8234
Address: 3700 Crestwood Parkway, NW, Suite 30 Subrogation: X Claim for Property damage \$ 1,70 Date of Notice: 8/20/01 Method: Written Conforms to Notice: O.C.G.A. §36-33-5 X Date of Occurrence 7/31/01 Place:	D.49 Bodily Injury \$
Date of Notice: 8/20/01 Method: Written	, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X	Ante Litem (6 Mo.) X
Date of Occurrence //31/01 Place:	955 South River Industrial Blvd
Department 1 ODLIC WORLD DIVISION	<u> </u>
Employee involved Herbert Freeman Discip	inary Action: Pending Review
NATURE OF CLAIM OLD ALL ALL ALL	
NATURE OF CLAIM: Claimant's vehicle sustained date	nage when it was backed into by a city vehicle.
INVESTIGATION:	
INVESTIGATION:	
Statements: City amployee Claiment	Othora Waisen O 1
Statements: City employee Claimant Pictures Diagrams Reports: Police	Ural Oral Oral
Troffic citations issued. City Driver	A Dept Report Other
Traffic citations issued: City Driver (Citation disposition) City Driver	laimant Driver
Citation disposition: City Driver C	laimant Driver
BASIS OF RECOMMENDATION:	
DASIS OF RECOMMENDATION;	
Function: Governmental V M	inistaria!
Function: Governmental X M Improper Notice More than Six Months	Other
City not involved. Wore than Six World's	Other Damages reasonable
City not involved Offer rejected Papair/replacement by Inc. Co	Compromise settlement
Repair/replacement by Ins. Co Repair/replacement	Loint Claim Abandanal
City Negligent City Negligent	Joint Claim Abandoned
	Respectfully submitted,
	/ /
	WILLIAM OF COMMENTERS
	INVESTIGATOR - GWENDOLYN BURNS
	JA VESTIGATOR - GYENDOLTN BORNS
RECOMMENDATION:	
Pay \$ 1,700,49 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	unt charged: 1A01X2J012H01
Claims Manager:	Concur/date
	Council Action
Commission Providence	ounon Action
FORM 23-61	

Amica Mutual Insurance Company Amica Life Insurance Company Amica General Agency, Inc.

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₱ NTA REGIONAL OFFICE 3, ... Crestwood Parkway NW, Suite 300 Duluth, Georgia 30096-8234 Mail: PO Box 956609, Duluth, GA 30095-9511

Auto HOME

Ms. Qwen Burn, Investgator City of Atlanta, Claims Division 68 Mitchell Street Suite 4100, 14th Floor Atlanta, Ga 30335-0332

ENTERED- 8-21-01 - SB 01L0526 - ALEXIS HOLMES

Our File Number: L31200103092D

Our Insured: Jacquelyn Richards Date of Loss: July 31, 2001 Amount of Loss: \$1,700.49

Dear Ms. Burn:

We are subrogated to the rights of our insured(s) due to the payment of a collision loss.

The amount of damage to our insured's vehicle is shown This amount includes both our loss and our insured's above. deductible.

Enclosed are copies of our supporting papers.

Your prompt action regarding payment would be appreciated.

Very truly yours,

Laurie A. Taroni Claims Department

Amica Mutual Insurance Company

ltaronji@amica.com

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GENERAL RELEASE AND INDEMNIFICATION

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CLAIM NUMBER 01L0526	\$ <u>1,700.49</u>	
	es, including but not limited to <u>Herbert</u> , suits, damages, loss and expenses, of wh	receipt of which is hereby ssigns, release and forever Freeman, from any and natsoever kind or nature for
which occurred on or about the 31st at or near 955 South River Industrial Blvd.	day of July	, 2001
admission on the part of the City, its officers undersigned further covenants and agrees to i servants and employees, from any and all cl agents, servants and employees, may be called	aims, damages or costs which the said C ed upon to make as a result of the event he	iability whatsoever and the Atlanta, its officers, agents, City of Atlanta, its officers, ereinbefore referred to.
And I now state that the only consider of the sum stated above; that no other promise said City or its agents to cause me to sign this instrument.	ration for my signing this release and inde e or agreement of any kind or nature has b is release, and that I fully understand the	peen made to or with me by
WITNESS my hand and seal this	_ Auni Ja	28,2001.
· · · · · · · · · · · · · · · · · · ·	AMICA Mutual Insurance C Jacquelyn Richards	\ /
		(LS)
The above release was read and expla	ined to, and signed by the said	
	in our presence on the	
WITNESSES		
011425		ATLANTA AUG 27 2001